

BEST AVAILABLE COPY

09/084,691

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 684691		FILING DATE	
APPLICANT(S)									
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2						52			
3						53			
4						54			
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45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND. 19						TOTAL IND. 19			
TOTAL DEP. 36						TOTAL DEP. 36			
TOTAL CLAIMS 55						TOTAL CLAIMS 55			

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1350 (REV. 2-78)

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